



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Kathleen R. McKeown Customer No.: 21003  
Serial No. : 09/913,746 Examiner: Azad, Abul K.  
Filed : August 16, 2001 Group Art Unit: 2654  
For : CUT AND PASTE DOCUMENT SUMMARIZATION SYSTEM AND  
METHOD

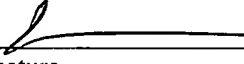
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December 19, 2005  
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Paul A. Ragusa  
Attorney Name

38,587  
Patent Reg. No.

  
Signature

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Commissioner for Patents  
P.O. Box 1450  
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Sir:

In response to the Office Action mailed September 22, 2005 for the above-  
identified patent application, Applicant respectfully requests consideration of the following  
remarks.

**Remarks** begin on page 2 of this paper.

TH-2654

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	09/913,746
Filing Date	04/12/2002
First Named Inventor	McKeown et al.
Art Unit	2654
Examiner Name	Abul K. Azad
Attorney Docket Number	A32312-PCT-USA (070050.1583)

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts LLP	Customer No.	21003
Signature			
Printed name	Paul A. Ragusa		
Date	12/19/2005	Reg. No.	

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